

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 / 048152 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51	1	
2							52	1	
3							53	1	
4							54	1	
5							55	1	
6							56	1	
7							57	1	
8							58	1	
9							59	1	
10							60		
11							61	1	
12							62	1	
13							63	1	
14							64	1	
15							65	1	
16							66	1	
17							67	1	
18							68	1	
19							69	1	
20							70	1	
21							71	1	
22							72	1	
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
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37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.	1	
TOTAL DEP.							TOTAL DEP.	35	
TOTAL CLAIMS							TOTAL CLAIMS	36	